

FY01-03 DDRIP APPLICATION INSTRUCTIONS

Section One – Region/Wing Information

The following are suggestions and recommendations for completing the FY01-03 Drug Demand Reduction Initiatives application. The application has been revised to make information gathering easier and assist the Chief, Drug Demand Reduction in processing the applications faster. It is intended to provide program guidance early in the fiscal year to facilitate DDR planning. The following specifics apply to the administrative information on page one.

- a. **Name of Region/Wing** is obvious.
- b. **Location of Region/Wing and Participating Units.** Please place the installation in the first column, then charter number of the squadron and name of the squadrons within 30 miles of that Air Force installation.
- c. **Region/Wing Drug Demand Reduction Administrator.** The point of contact for all DDR issues within the wing and the person responsible for managing the program.
- d. **Address of DDRA.** Prefer the address that you want materials and information sent. If you only visit the wing occasionally, that may not be the best place to forward materials. The goal is to ensure DDRAs receive specific data.
- e. **Day and Home Phone.** Phone numbers that you may be reached at; including area code.
- f. **E-mail Address.** This will enable CAP/DOD to give current and timely information.
- g. **Signature of Region/Wing Commander.** **This signature ensures the CC sees the plan and approves it. Also, it validates that the wing or its units accept the cost to front funds for the DDR program on all approved authorizations.**

Section Two – Initiative Information. This page (2) may be used for each project or collectively as necessary

- a. **Name of Initiative/Project.** Please name the project.
- b. **Start Date.** Must be 1 October or later of the fiscal year. If you are supporting an encampment then put in the dates of the encampment.
- c. **Ending Date.** Must be no later than 31 August of the fiscal year, as all reimbursements must be submitted to this office no later than 31 August.
- d. **List how the initiative/project benefits the CAP and Community.** What is the true benefit? If it is an encampment, are we providing opportunities to those cadets who show great promise, but could not afford to attend? Do we have criteria for those selected by demonstrated need, request, or do they have to do something such as writing a paper to receive a DDR scholarship? What are the specific benefits to the Air Force installation or the community? How is this part of your long-range plan?
- e. **Describe who and how many will be served by this initiative.** List the number of cadets, seniors, parents, local youth, etc., that will be involved. How many are service members or family members of the Air Force, Air Force Reserve or Air Guard? If you choose to buy color guard equipment, how many cadets would participate, how many practices, performances etc? We are looking for well thought plans - not just ideas.

Section Three – Initiatives Evaluation. This page (3) may be used for each project or collectively as necessary.

- a. **List goals and objectives of the initiative/project.** Your goals should be specific! The objectives within those goals should be measurable! For example, your goal is to establish a color guard for your squadron. Your objectives could be; (1) to do six color guard performances per year, (2) each would have 2 practices associated with each performance, (3) at least five cadets would participate per event and (4) did you attend the wing color guard competition. If you were considering the goal of providing encampment scholarships you might have cadet retention as a goal of encampment. Your objectives could be; (1) checking renewals after one year to see if retention rate was higher than either national or your own wing, (2) how many cadets returned to encampment and (3) a comparison of the cadet participation before and after encampment. Projects like encampment will require a long-term look to validate your process.
- b. **How is the initiative/project performance to be measured?** Your end of year report should include the results of your goals and measurable objectives. Your color guard objective was to do six color guards per year. You may have conducted 4 performances, which still averages one per quarter. You discovered that an average of three practices was necessary per performance, which meet the target number of cadet practices ($6 \times 2 = 12$) for 6 performances. You always had 5 cadets, but they frequently changed and you had more involved than expected. Finally, your color guard went to the wing color guard competition and had a successful, educational and fun time. You should be looking down the road to see if that influences your retention rates.

Note: National retention rates are 31% for first year cadets and 48% across the board.

Section Four – Region/Wing Budget Information. The data on page 4 is critical to assess contributions to the overall program and breakdown individual expenses. If you want funds for a project, clearly lay out the items and who is expected to contribute. There are four columns.

a. Region/Wing budget committed to the DDR program. How much funding has the region/wing budgeted for DDR programs? If you were requesting funds for encampment scholarships, then the wing could contribute scholarships for cadets not eligible for DDR funds. It may not be funds they set aside generically for encampment costs. ***Has the wing considered using 15% admin money from the CD program? DDR is an appropriate and authorized use of CD admin funds.***

b. Total DDR funding requested for the project. Total funds requested from CAP/DOD.

c. Other DDR funding requested/received during the year. These are funds from outside agencies and monies received.

d. Percent of project(s) funding allocated for administration. The region/wing can be expected to incur costs as part of the DDR program and if specific costs are required they need to be added here. Do not take a percentage.

e. Amount of matching funds used for this project. Please list the project, source and total for each project. This may include funds collected from participants for DDR specific projects. For example, if a the wing holds a DDR/AE weekend and the cadets are charged \$10 each, then that would be considered matching funds from an outside source.

f. Region/Wing/Squadron. Please list charter number.

g. Items. List specific items on each line such as 2 parade rifles, two flag belts, etc per line. These items make up the cost of color guard equipment and show the cost of each piece of equipment.

h. National. Amount requested from CAP/DOD.

i. Region/Wing. DDR funds contributed from Region/Wing.

j. Match. Matching funds from outside agencies.

k. Total. Total amount per item.

Budget Sheet – Drug Demand Reduction Action Plan. Page 5 of the application is the roll up costs associated with project operations and equipment purchases. This provides a quick reference for costs and feedback on items that need to be picked up on the CAPF 37.

a. Operations. List each project, cost of the project and the expanding total.

b. Equipment. Those projects that have purchases requiring the equipment purchases and expanding total. Here you can pick up color guard equipment as a one-line total.

c. Total Budget. Total costs.

d. I understand that while this information represents a projection, I must request approval from National Headquarters prior to exceeding any line item expenditure. Any change to the approved costs requires approval from CAP/DOD. Most changes result after 7 months and the realization that the impromptu plan won't work. That is why it is crucial to think of the DDRIP as a long-term program.

e. Signature of person completing form. Who did the work to put this together? If it is other than DDRA or Wing CC, that is the name that should be here to answer questions.

f. Certification. Any project or product purchased with DDR funds must have this section completed and signed by an approving authority.

g. Examples of strong past applications will be found on the DDR web page

SECTION ONE—REGION/WING INFORMATION

LOCATION OF INSTALLATION & PARTICIPATING UNITS.

Installation

Charter Number

Squadron[illegible]**REGION/WING DRUG DEMAND REDUCTION ADMINISTRATOR:**

ADDRESS OF DDRA: (H) _____

(B) _____

DAY TELEPHONE: _____ **HOME PHONE:** _____

HOME PHONE: _____

E-MAIL ADDRESS: (H) _____

(B) _____

Signature of region/wing commander approves this DDRIP application and the region/wing agrees to fund this reimbursable program.

Signature of Region/Wing Commander

Typed or Printed Name

Date _____

SECTION TWO—INITIATIVE INFORMATION

NAME OF INITIATIVE/PROJECT: _____

START DATE: _____

ENDING DATE: _____

DISCRIPTION OF INITIATIVE/PROJECT: _____

LIST HOW THE INITIATIVE/PROJECT BENEFITS THE CAP AND COMMUNITY:

DESCRIBE WHO AND HOW MANY WILL BE SERVED BY THIS INITIATIVE:

SECTION THREE-INITATIVE'S EVALUATION

LIST GOALS AND OBJECTIVES OF THE INITIATIVE/PROJECT:

HOW IS THE INITIATIVE/PROJECT'S PERFORMANCE MEASURED?

SECTION FOUR—REGION/WING BUDGET INFORMATION

REGION/WING BUDGET COMMITTED TO THE DDR PROGRAM: _____

TOTAL DDR FUNDING REQUESTED FOR PROJECT: _____

OTHER DDR FUNDING REQUESTED/RECEIVED DURING THIS YEAR: _____

PERCENT OF PROJECT FUNDING ALLOCATED FOR ADMINISTRATION: _____

AMOUNT OF MATCHING FUND'S USED FOR THIS PROJECT: _____

SUBSTANTIATE SOURCE OF MATCHING FUNDS:

<u>REG/WG/SQDN</u>	<u>ITEMS</u>	<u>NATL</u>	<u>WING</u>	<u>MATCH</u>	<u>TOTAL</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

NATL: National funds requested
REGION/WING: Region/Wing DDR funds provided
MATCH: Outside agency/member matching funds
Total: Total cost per line item

**BUDGET SHEET
DRUG DEMAND REDUCTION ACTION PLAN**

LINE ITEMS	SUBTOTAL	TOTAL
OPERATIONS		
EQUIPMENT		
TOTAL BUDGET		

I understand that while this information represents a projection, I must request approval from National Headquarters prior to exceeding any line item expenditure.

Signature of the DDRC or DDRA

Print Name

Phone

Footnote: General Administrative costs computed as a percentage of the overall budget will not be allowed.

CERTIFICATION:

I certify that all information contained in this application and attachments are true and accurate.

All funded activities must provide equal access and equal opportunity and may not discriminate on the basis of handicap, color, creed or religion.

Programs, projects or events which receive funding from the Civil Air Patrol Drug Demand Reduction Program must include the following credit line in all promotional and marketing material related to this initiative, including public announcements, press releases, programs, print and broadcast media: (Activity) courtesy of the Civil Air Patrol Drug Demand Reduction Program.

Authorizing Signature

Typed Name: _____

Title: _____